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**Patent - POWER OF ATTORNEY
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 CHANGE OF CORRESPONDENCE ADDRESS**

I hereby revoke all previous powers of attorney given in the above identified patent.

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I am the:

☐ Inventor, having ownership of the patent.

☒ Attorney-in-fact.

☒ Attorney under 37 C.F.R. 3.720 (From PROCBAR submitted herewith or filed on: _____)

Signature: _____ Date: 3/13/09

Name: John R. Smith Telephone: _____

Firm and Company: BioMedica, Inc. Chief Technology Officer

MAIL: Signatures of all the inventors or patent owners of the patent (actual or filed (non-patented)) are required. Submit multiple forms if more than one inventor or patent owner is involved.

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